



EMPLOYMENT HISTORY

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (for a total of ten years of employment history). **You are required to list the complete mailing address: street number and name, city, state, and zip code.** If you have had more jobs than space allows, complete a separate sheet in the same format and attach with your completed application.

Name of Organization or Firm: _____
 Start Date: ___/___/___ End Date: ___/___/___ Job Title: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Reason for leaving: _____
 Supervisor's Name: _____ Hours worked per week: _____
 Were you subject to the FMCSRs** while employed? YES NO
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO
 Beginning Salary: \$ _____ Per: _____ Ending Salary: \$ _____ Per: _____

*Between these jobs (if applicable): Unemployed In School Other: _____
 From: ___/___/___ To: ___/___/___

Name of Organization or Firm: _____
 Start Date: ___/___/___ End Date: ___/___/___ Job Title: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Reason for leaving: _____
 Supervisor's Name: _____ Hours worked per week: _____
 Were you subject to the FMCSRs** while employed? YES NO
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO
 Beginning Salary: \$ _____ Per: _____ Ending Salary: \$ _____ Per: _____

*Between these jobs (if applicable): Unemployed In School Other: _____
 From: ___/___/___ To: ___/___/___

Name of Organization or Firm: _____
 Start Date: ___/___/___ End Date: ___/___/___ Job Title: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Reason for leaving: _____
 Supervisor's Name: _____ Hours worked per week: _____
 Were you subject to the FMCSRs** while employed? YES NO
 Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? YES NO
 Beginning Salary: \$ _____ Per: _____ Ending Salary: \$ _____ Per: _____

*Between these jobs (if applicable): Unemployed In School Other: _____
 From: ___/___/___ To: ___/___/___

*Any gaps in employment and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.